Revised 06/08

TA ETHICS AND CAMPAIGN DISCLOSURE BOARD THE PAIGN DISCLOSURE DE 610 EAST 12TH, SUITE 14

2812 FEB 15 AM 10: 26

DES MOINES, IA 60319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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CEDABTMENT	US UEEICE	RECEIVING	INE GIFT	UK DEV	ZOESI.

Musun Hageam	Date			
Kristin Hagedon	February 15, 2012			
Kristin Hagedon affirm that the gift or bequest reported above sessment of the fair market value (if applicable) is correct and true to the bases.	e is accurate. I further affirm that the information concerning the donor ar sest of my knowledge.			
tatement of Affirmation:				
Receipt or any gift or dequest that is received by any department of the st	······································			
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the st	ate or received by the Governor on behalf of the state.			
Colorie la une libio forme				
cash donation to be used toward boys' Christmas fund				
Provide a description of the gift or bequest and purpose thereof:	•			
the six about and something thereof				
Email Address (optional)	receiving aspertment of the			
Area Code & Talephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00",			
	Date of Gift or Bequest Amount/Value*			
Mailing Address City, State, Zip Code	2/15/12 \$135.00			
Name 720 Lyon St Des Moines, 50309				
American Legion Auxiliary Dept. of IA (c/o Marlene Valentine)				
ONOR OF GIFT OR BEQUEST:	– 1			
mail Address				
khagedo@dhs.state.ia.tis	Area Code & Telephone Number (if different from above)			
Aziling Address (if different from above)	City, State, Zip (if different from above)			
lame				
Kriştin Hagedon				
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE				
rea Code & Telephone No.				
	ELDORA, IA 50627 City, State, Zip Code			
of December of Office				